MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

SERIAL NO	FILING DATE
APPLICANT(S)	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL
TOTAL CLAIMS

*MAY BE USED FOR ADDITIONAL CLAIMS OF AMENDMENTS

CLAIMS ONLY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND	DEP.	IND	DEP.	IND	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.								TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS